લ .		PART B	- FEE(S) T	RANSMITTAL			
. (1	this form, Together wi		or I	P.O. Box 1450 Alexandria, Virgi Fax (571)-273-2885	nia 22313-1450		
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 7590 06/30/2006 JOSEPH S. TRIPOLI THOMSON MULTIMEDIA LICENSING INC. 2 INDEPENDENCE WAY P. O. BOX 5312 PRINCETON, NJ 08543-5312				Fee(s) Transmittal. Thi papers. Each additiona have its own certificate Cer I hereby certify that th States Postal Service we addressed to the Mail transmitted to the USP Filiz K.	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Filiz Karwoski (Depositor's name) (Signature) October 2, 2006		
APPLICATION NO.	FILING DATE		FIRST NAMED I	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
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		\$1400		\$300	\$1,700	10/02/2000	
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CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2)				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) THOMSON LICENSING BOULOGNE—BILLancourt, FRANCE Lease check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
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Authorized Signature July 1 Villa Date October 2, 2006							
Typed or printed name	Typed or printed name Jorge Tony Villabon				52,322		
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